## Agency Checklist DBM-2020-Desktop Contract Processing

Agency/Division:		n:	DBM-2020-Desktop Contract Processing			Date:	Date:	
Agency Contact:		ot:		_ Telephone:		Fax::		
Brie	of Description	on of Purchase:		·				
		ase Order Number:						
(Sel	lect <u>only</u> on	e of the following match types for the	purchase order: A6 (2	2-way, no tolerance)	or A1 (3-way,	no tolerance)		
Sele	ected Contr	ractor :				Amount :		
1.	Is the contractor authorized to sell product(s) under DBM-2020-Desktop contract?							
	OYES	(check all that apply)	ONO (DO NO	OT PROCESS)				
	a. b.	Category 1 - Microcomputers & As O Installation Service per Desktop O Stand Alone Upgrade to 24x7, 1 O Stand Alone Post Warranty Mai Normal State Hours per Unit 24 x 7 per Unit Category 2 - Printers & Associated O Installation Service per Desktop O Stand Alone Upgrade to 24x7, 1 O Stand Alone Post Warranty Mai Normal State Hours per Unit	I year Manufacturer ntenance (PWM), O 1st Year PWM O 1st Year PWM I Peripherals I year Manufacturer ntenance (PWM),	Warranty per Unit  2nd Year PWI  2nd Year PWI  Warranty per Unit	M O 3rd Yea M O 3rd Yea	ar PWM ar PWM	Peripheral	
		24 x 7 per Unit	O 1st Year PWM	O 2nd Year PWI	M 3rd Yea	ar PWM		
	C.	Category 3 - COTS						
2.	Are post warranty maintenance services requested?							
	OYES (see below) O NO							
	Is the contractor that provided the original product(s) from this contract also providing the post warranty maintenance services for the same							
	products? O YES O NO (DO NOT PROCESS)							
3.	Is the software included in the basic configuration of the product being purchased?							
O YES O NO (Additional software MUST be purchased from					m Category 3 contracto	ors)		
4.	Are other, non-warranty services (such as computer training, COTS maintenance and support services, IT							
	consulting, Telecommunications equipment or services) included in the purchase?							
	O YES (DO NOT PROCESS) O NO							
5.	Justification for the purchase provided to CPMD:							
	a.	The specific business need to be s						
	b.	Reference to the justification in the						
6.	Budget information provided to CPMD:							
υ.	_	Funding Source (Check all that ap		O Special	O Federal	O Reimbursable	O Other	
	a. b. c. d.	Appropriation Code (8 Digit R*STA Sub Program Code (4 Digit R*STA PCA Code (5 Digit R*STARS code	ARS code)	Э Эресіаі	O rederal	O Reilibursable	o one	
7.	Purchasing documentation provided to CPMD:							
	a.	Copy of the written request to all co						
	b.	(Note, request should include selection factors (e.g., lowest bid, availability, warranty services).  Copy of bid response(s), including no bid responses						
	c.	.,						
	d.	Copy of the respective contractor's % of MSRP from DBM web page						

8. Rationale for the selection of the specific contractor provided to CPMD